Pharmacy NewsCapsule

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I Did Not Know I Had

That Kind of Power

Doug Englebert
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As a surveyor and state employee working in the regulatory world, there are many perceptions that providers, advocates and consumers may have about you. One opinion that all of us need to be aware of is the power they perceive surveyors possess.

Very often providers and consumers interpret everything we say as the absolute law, although in fact the information we may be providing is an idea or example to help health care providers accomplish better outcomes.

I often receive calls from providers and consumers indicating that the "state said I have to do it this way." Frequently I find that a surveyor may have provided suggestions or examples of best practices. These ideas may be just one of many that could be utilized to produce increased quality.

I think all of us realize that this occurs. So please make sure when you are providing examples or suggestions that the consumer or provider understands that it is a single solution and that there may be others that work just as well.

Inside This Issue

How Do You Administer...?

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Recently there have been many questions by surveyors and providers related to proper administration of oral inhalers and eye drops. Most of the questions are asking if the technique a nurse may be using to administer the medication is considered a medication error. The following information is intended to help with these questions.

To Maximize Effectiveness of Oral Multi Dose Inhalers.

- Basically all inhalers must be shaken prior to each use.
- Wait at least one minute between puffs of the same drug and at least 1-2 minutes between puffs of different drugs.
- Use a spacer device.
- Actuate inhaler as resident /patient is breathing in slowly for 3-5 seconds.
- Resident or patient should hold breath for 10 seconds.

The above guidelines are general guidelines. The drug package insert or other manufacturer information should be referred to for any specific guidelines for administration. In particular, the powdered inhalant instructions should be consulted.

Medication technique errors:

- Failure to shake the inhaler.
- Failure to wait the appropriate time between puffs.

Exceptions to technique errors:

Sometimes there can be situations where, due to a resident's condition, waiting one minute between puffs is not feasible. If the facility can support this for a specific resident, it does not need to be considered a medication error. An example could include a resident with dementia who becomes agitated during inhaler administration. It may be determined that the only way to get the second puff administered is to give it immediately. Although in many cases this would not maximize the effectiveness of the medication for this resident,

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New Drugs

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Brand Name	Generic Name	Use
Bravelle	Urofollitropin	Injection for ovulation induction
Alora	Estradiol	Postmenopausal osteoporosis
Avinza	Morphine	Extended release capsule for moderate to severe pain

Med Error Corner

Doug Englebert Pharmacy Practice Consultant

One initiative to prevent medication errors is to target medications that have a high potential for severe negative outcomes when an error occurs.

One of those medications that may be appropriate on the list is Duragesic® (trandermal fentanyl patch). The reason this may be a target is that the product is commonly used contrary to product labeling. For example, Duragesic® should not be given to patients that have never been on an opioid. Typically Duragesic® should only be initiated in those individuals with chronic pain who may already be on an opiate medication. There have been cases where patients are started on too high of a dose or started on Duragesic® without any history of taking an opioid. Unfortunately, these situations have led to severe sedation, acute respiratory depression and death.

Precautions to put in place for Duragesic® include: 1) limiting fentanyl patch use to pain management services, 2) including dose conversion calculations in orders, 3) increasing dosages no more frequently than 3 days after the initial dose and then every six days thereafter, 4)placing warnings on the medication administration records to make sure the patches are removed appropriately, and 5) not using heating pads or occlusive wraps.

The proper disposal of a fentanyl patch is critical and facility staff need to be aware of proper procedures. When a fentanyl patch is removed the patch still contains active drug. Therefore the patch should be cut or physically destroyed. Improper disposal could result in intact patches being taken out of the garbage and being used. There are even instances where individuals cut up the patches and suck on the pieces like candy.

In summary, Duragesic® can be a very effective pain medication when used appropriately. It is a viable choice but requires expertise and close monitoring.

Focus Drug of the Month

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Methadone

Methadone is a medication that has been around for more than 50 years. It has been extensively used for opioid addiction treatment. Currently there appears to be an increasing interest in using methadone for pain management. Due to the increased use there is an equal increase in confusion about this drug. Pharmacists may be confused about dispensing methadone; physicians may be confused about prescribing methadone; and nursing staff may be confused about monitoring methadone.

If methadone is used for opiate addiction, the patient must be involved in a methadone treatment program. The treatment program provides methadone to relieve withdrawal symptoms along with providing other social, rehabilitation and health services. If the patient is not in a methadone treatment program, physicians, pharmacists and nurses should not be prescribing, dispensing and administering methadone for opiate addiction. In Wisconsin there currently are eleven methadone treatment programs. If you have questions about these programs please contact Deborah J. Powers, State Methadone Authority. She can be reached at 608-266-9218 or email at powerdj@dhfs.state.wi.us.

Methadone can also be used for pain management. It can be very effective for moderate to severe pain. Typically for pain management methadone would be administered 3 or 4 times a day or more in smaller doses. For treatment of addiction you would typically see higher doses given one or two times a day.

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Administration--Continued from page 1

based on their specific circumstances, it may be the most effective technique.

Also, remember to check the manufacturer's guidelines for inhalers. If you suspect there is a technique error, discuss your observations with facility staff to allow them the opportunity to tell you why they may be administering inhalers contrary to the guidelines.

Eye Drops:

Proper techniques include washing hands, checking labels and orders, and talking to a resident or patient about the procedure. The procedure includes the following:

a. Use gauze to pull down lower eyelid to form a "pouch", instructing patient to look up.
b. Instill medication as follows: Place hand against forehead to steady, and instill drop inside lower eyelid close to corner of eye.
c. Instruct resident or patient to close eyes slowly to allow for even distribution over surface of the eye. Do not squeeze eyelid shut as this will force the medication out of the eye. Keep eye closed 1-2 minutes to allow the medication to absorb into the eye.
d. If multiple types of eye medications are to be given at the same time they should be administered 3-5 minutes apart from one another.

Most eye drop errors occur during the waiting period. If two different eye drops are given, the person administering the eye drop must wait at least 3 minutes. If they do not, this is considered a medication error. The exception could be a resident/patient who becomes agitated, and the agitation prevents the staff from administering the second medication. The facility should have support for this and should have informed the physician of this fact.

Multiple eye drops of the same medication given closer than one minute apart would not be considered a medication error if at least one drop made it into the eye. However, nursing home surveyors should review this situation under unnecessary drugs or drug review to assure there are no negative outcomes. Information on this can be found on the Centers for Medicare and Medicaid web site http://www.hcfa.gov/medicaid/ltcsp/q&a/task5e.htm.

If you have questions about a potential technique error please call the pharmacy practice consultant.

Capsule Quiz

(Correct surveyor answers to the following question will be accepted until July 30th. One correct answer will be randomly selected to win a bag of M&M's)

What is the correct way to draw up a mixture of regular and NPH insulin and what is the concern if it is drawn up incorrectly?

Methadone does have a very long half-life and does carry the risk of accumulating over time, especially in the elderly. Accumulation may lead to increased side effects but can usually be managed.
The long half-life may allow the administration of methadone for pain less often in some patients such as once a day for pain management for the elderly. Methadone also allows facilities to use short acting break- through medications with relative ease.

An additional benefit of methadone is that it is relatively inexpensive. Therefore if expense is an issue methadone may be a good alternative for pain management.

Methadone for pain management is handled like other narcotic medications. When used for pain management, methadone can be prescribed by any physician and dispensed from any pharmacy. This is much different than when methadone is used to treat opiate addiction.

Surveyors may see methadone being used for pain management. This may be very appropriate. Facilities should be monitoring the patient/resident aggressively to assure it is working for pain and not causing uncontrolled side effects.

Surveyors working with AODA programs may run into situations where patients/residents are receiving methadone as part of a methadone treatment program in addition to their other treatment modalities. Sometimes this leads to confusion, questions, and concerns. If you have this situation please call Deborah Powers for assistance. The information to contact her is given earlier in this article.

If there are medications you would like featured here please send an email to Doug at engleda@dhfs.state.wi.us

Consultant's Corner

Doug Englebert *Pharmacy Practice Consultant PRQI*

This miscellaneous section will appear in each issue and will contain tidbits of information, most of which will come directly from your questions. If there is a topic you want more detailed information about, please drop me an email at engleda@dhfs.state.wi.us and I'll research the topic.

1. Salsalate 500 mg was ordered three times a day. The noon time dose was administered ½ hour before a meal. Is this a medication error?

   It depends on the situation that is occurring. Information on salsalate indicates it should be given with food to minimize GI upset. The best practice would be to administer the salsalate as the meal is being consumed. However, if you look at one definition of an empty stomach, it can be defined as a medication given 1 hour before a meal or two hours after a meal. Using this guideline, administering the medication ½ hour before a meal may allow food to lessen the GI upset. Therefore it is not considered a medication error. However, this situation should be investigated further. You should look at the resident/patient conditions. If this person is at risk of ulcers or has gastric reflux, heart burn or other significant side effects, then giving the salsalate to this resident ½ hour before the meal would be considered a medication error and it also may be considered a significant medication error. This may also apply to other medications that should be given with meals.

2. Does Tardive Dyskinesia monitoring need to be done with the new antipsychotics?

   The new atypical antipsychotics: Risperdone®, Seroquel®, Clozaril®, Zyprexa® and Geodon® are associated with a significant reduction in tardive dyskinesia. In fact many of these medications have no evidence of tardive dyskinesia occurring as a side effect in individuals. The question remains if these medications need to be monitored for tardive dyskinesia. This group of medications is still relatively new and many things are still being learned about them. For this reason it is still important to monitor for tardive dyskinesia. It is even more important to report any incidences of tardive dyskinesia with these medications to the FDA so that information can be shared. Any local pharmacy can assist with reporting to the FDA.

3. Do facilities need to have informed consent forms for antipsychotics?

   In general, all residents and patients in any type of healthcare environment receiving care have the right to be informed and involved in the care they will be receiving. Currently, HFS 94 Patient Rights and Resolution of Patient Grievances does address informed consents. This regulation spells out when a consent is required and what is required in the consent. **The rule does not require a specific form.** There are forms available on the Department of Health and Family Services web site at **http://www.dhfs.state.wi.us/forms/FormListEJ.htm** for those who wish to use them. HFS 94 is very specific in its authority and purpose. It applies to those individuals being treated for developmental disabilities, mental illness and alcohol or drug abuse or dependency. If you have specific questions about a specific situation please refer to HFS 94 or contact the pharmacy practice consultant.

4. Can a nursing home have more than one contingency supply?

   HFS 132.65(5) Contingency supply of medications. (a) Maintenance. A facility may have a contingency supply of medications not to exceed 10 units of any medication.

   A facility is allowed to have only one supply but may have two storage areas. The facility could have two boxes each containing 5 units of drug and still meet this requirement. Also, some facilities have asked and have been granted waivers or variances to this provision and therefore may have supplies greater than 10 units.

Thanks to all of you for calling with your questions. Sharing your questions as part of this newscapsule helps us all and goes a long way in improving communication and the job that we do. Please keep them coming!

References are available upon request.